Recommendations from the NC Study Commission on Aging

Approved 4/1/10

Recommendation 1: Maintain HCCBG Funding

The Study Commission on Aging recommends the General Assembly and the Governor maintain funding levels appropriated for FY 2010-2011 to the Department of Health and Human Services for the Home and Community Care Block Grant (HCCBG).

Recommendation 2: Maintain Funding for Senior Centers, Project C.A.R.E., and Other Vital Support Programs and Services

The Study Commission on Aging recommends the General Assembly and the Governor maintain current funding levels for senior centers and Project C.A.R.E. as well as many other vital programs that provide aging services and support systems for older adults and their families.

Recommendation 3: Hearing Loss Treatment Task Force

The Study Commission on Aging recommends the General Assembly direct the Hearing Aid Dealers and Fitters Board to coordinate a task force including representatives of the Division of Services for the Deaf and Hard of Hearing in the Department of Health and Human Services, the Consumer Protection Division of the Office of Attorney General, and other interested stakeholders, to: 1) develop recommended guidelines for consumers seeking assistance in the treatment of hearing loss, 2) make recommendations on the best way to disseminate these guidelines, and 3) report to the Study Commission on Aging on or before October 15, 2010.

Recommendation 4: Review of Nurse Aide Training Requirements

The Study Commission on Aging recommends the General Assembly direct the Division of Health Service Regulation, Department of Health and Human Services (DHHS), to coordinate a review involving an equal number of representatives from the Division of Aging and Adult Services, DHHS; the NC Board of Nursing; the Direct Care Workers Association; NC Health Care Facilities Association; NC Hospital Association; NC Home and Hospice Care Association; and representatives of residents in long-term care; to assess the current training requirements for nurse aides and to recommend any necessary changes to the Study Commission on Aging on or before November 1, 2010.

Recommendation 5: Long-Term Care Partnership Program

The Study Commission on Aging recommends the General Assembly enact legislation to develop a Long-Term Care Partnership (LTCP) program for North Carolina and direct the Division of Medical Assistance, Department of Health and Human Services, to pursue a State Plan amendment allowing the operation of the LTCP program.

Recommendation 6: Include Dentist on the Commission on Children with Special Health Care Needs

The Study Commission on Aging recommends the General Assembly expand the membership of the Commission on Children with Special Health Care Needs to include a dentist.

Recommendation 7: Special Needs Dental Care Workforce Development

The Study Commission on Aging recommends the General Assembly direct the North Carolina Area Health Education Centers (AHEC) Program to: 1) work with the dental schools at The University of North Carolina – Chapel Hill and East Carolina University, the North Carolina Community College System, and current special care dental providers to increase the available workforce willing to treat North Carolina special care populations; 2) work with the NC State Board of Dental Examiners to explore the feasibility of allowing dental students, dental hygiene students, and assisting students the opportunity to receive training in long-term care facilities under the direction of non-profit special care dental organizations; and 3) report to the Study Commission on Aging on or before August 1, 2011.

Recommendation 8: Medicaid Dental Services

The Study Commission on Aging recommends the General Assembly maintain Medicaid funding for dental services and direct the Division of Medical Assistance and the Division of Public Health to: 1) explore the feasibility of expanding Medicaid dental services to include reimbursement for evidenced-based fluoride and periodontal therapies for high risk adults with special health care needs, 2) explore the implementation of facility code policies that would allow certified providers to bill for each patient seen in a long-term care facility or group home on the date of service, and 3) report on or before November 15, 2011 to the Study Commission on Aging.

Recommendation 9: Additional Mobile Dental Units

The Study Commission on Aging recommends the Department of Health and Human Services and the special care mobile dental providers explore private grants and public federal government funding options for the purchase of additional mobile dental units to serve special care populations.

Recommendation 10: Refining Aging and Long-Term Care Statutes in NC

The Study Commission on Aging recommends the General Assembly update and refine North Carolina's General Statutes on aging and long-term care.

Recommendation 11: Adult Day Care Participant Protection

The Study Commission on Aging recommends the General Assembly amend North Carolina's General Statutes to strengthen the authority of the Department of Health and Human Services to ensure that unfit individuals are prohibited from operating or working in adult day care programs.

Background on Recommendations from the Study Commission on Aging

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The Study Commission on Aging recommends the General Assembly and the Governor maintain funding levels appropriated for FY 2010-2011 to the Department of Health and Human Services for the Home and Community Care Block Grant (HCCBG).

Background 1: Maintain HCCBG Funding

During the meeting on January 21, 2010, the Commission heard a presentation from Dennis Streets, Director, Division of Aging and Adult Services, DHHS, on the status of Aging Services and Programs. Mr. Streets mentioned that the service system is stressed as service needs grow. One of the areas mentioned was the growth of the wait list for home and community services. With regard to home and community services, Mr. Streets pointed out the following:

- Access to and intensity of services has weakened
- Service needs and wait lists are substantial
- Providers are frugal, stressed, conscientious, and innovative
- Clients are becoming more vulnerable.

Mr. Streets provided the following status on the Home and Community Care Block Grant (HCCBG):

- Overall funding has increased about 20% over the past 10 years – taking into account non-recurring reductions for SFY 2009-10.
- The Statewide utilization/expenditure rate remains very high – 99.8% in SFY 2008-09.
- Service costs have increased.
- There was a decrease in the number of clients served (6.9%) and in total service units (14.1%) between July 1, 2000 and June 30, 2009. During this period, the NC population age 60+ and 75+ grew by 29% and 18%.

The HCCBG, established by G.S.143B-181.1(a)(11), includes federal funds, State funds, local funds, and a consumer contribution component. It gives counties discretion, flexibility, and authority in determining services, service levels, and service providers; and streamlines and simplifies the administration of services. The focus of the HCCBG is to support the frail elderly that are cared for at home; improve and maintain the physical and mental health of older adults; assist older adults and their caregivers with accessing services and information; provide relief to family caregivers so that they can continue their caregiving; and allow older adults to remain actively engaged with their communities.

With input from older adults, County Commissioners approve an annual funding plan that defines services to be provided, the funding levels for these services, and the community service agencies to provide these services. Counties can select from among 18 eligible services including: Adult Day Care, Adult Day Health Care, Care Management, Congregate Nutrition, Group Respite, Health Promotion and Disease Prevention, Health Screening, Home Delivered Meals, Housing and Home Improvement, Information and Assistance, In-Home Aide, Institutional Respite Care, Mental Health Counseling, Senior Center Operations, Senior Companion, Skilled Home (Health) Care, Transportation, and Volunteer Program Development. Counties decide which services to provide, however congregate nutrition and home-delivered meals are provided in almost every county under the HCCBG.

The Study Commission on Aging recommends that the General Assembly and the Governor maintain funding levels appropriated for FY 2010-2011 for the Home and Community Care Block Grant (HCCBG). The Governor's Advisory Council on Aging and the Senior Tar Heel Legislature both support funding for the HCCBG.

Recommendation 2: Maintain Funding for Senior Centers, Project C.A.R.E. and Other Vital Support Programs and Services

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The Study Commission on Aging recommends the General Assembly and the Governor maintain current funding levels for senior centers and Project C.A.R.E. as well as many other vital programs that provide aging services and support systems for older adults and their families.

Background 2: Maintain Funding for Senior Centers, Project C.A.R.E., and Other Vital Support Programs and Services

During the January 21, 2010 meeting, the Commission heard a presentation from Dennis Streets, Director, Division of Aging and Adult Services, DHHS. During this presentation Mr. Streets shared information on items that are essential to future systems for aging services and supports. His points were as follows:

1. Easy and reliable access to information and assistance to facilitate personal responsibility.
    - Efforts include: North Carolina's "No Wrong Door" approach, nccarelink.gov, senior centers, and Community Resource Connections for aging and disabilities.
2. Effective holistic and collaborative management of chronic conditions.
    - Efforts include: Community Care Connections, Programs of All-Inclusive Care for the Elderly (PACE), person-centered and consumer-directed approaches to chronic care, pursuing a stronger connection with the Veterans Administration, following the NC Roadmap for Healthy Aging, and falls prevention programs.
3. Timely protection and intervention for vulnerable individuals.
    - Efforts include: adult protective services reform, the Institute of Medicine Task Force on co-locating different populations in adult care homes, Relay for Extra Help, and Project C.A.R.E. (Caregiver Alternatives to Running on Empty). (Project C.A.R.E. provides the following assistance to caregivers of people with dementia: in-home needs assessments; counseling; information; assistance finding and selecting respite; funds for in-home personal care, adult day services, and respite; training and educational resources; and connections with Area Agencies on Aging and Alzheimer's Association Chapters.)
4. An awareness that successful aging involves more than health and human services.
    - Efforts include: Enactment of S.L. 2009-407 (SB 195) Preparations for Aging Baby Boomers, strengthening the Governor's Advisory Council on Aging, aging video on careers in aging services, NC Center for Public Policy Research, NC Complete Count (2010 Census), and 2011 Reauthorization of the Older Americans Act.

The Study Commission on Aging recommends that the General Assembly and the Governor maintain current funding levels for senior centers, Project C.A.R.E., and other vital programs that provide aging services and support systems for older adults and their families. The Governor's Advisory Council on Aging and the Senior Tar Heel Legislature both support funding for the Project C.A.R.E. and Senior Centers.

Recommendation 3: Hearing Loss Treatment Task Force

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The Study Commission on Aging recommends the General Assembly direct the Hearing Aid Dealers and Fitters Board to coordinate a task force including representatives of the Division of Services for the Deaf and Hard of Hearing in the Department of Health and Human Services, the Consumer Protection Division of the Office of Attorney General, and other interested stakeholders, to: 1) develop recommended guidelines for consumers seeking assistance in the treatment of hearing loss, 2) make recommendations on the best way to disseminate these guidelines, and 3) report to the Study Commission on Aging on or before October 15, 2010.

Background 3: Hearing Loss Treatment Task Force

S.L. 2008-181, Sec. 12.1, directed the Department of Health and Human Services (DHHS) to study the impact of hearing loss on North Carolina's older adult population and to report to the Commission.

On February 4, 2010, Jane Withers, Director, Division of Services for the Deaf and Hard of Hearing, DHHS presented a report to the Commission. The report pointed out that, "Hearing loss in an older adult tends to happen gradually and is not always identified, and less often treated." While hearing aids are one of the most effective treatments, the report points out that they range in price from $1,400 to $5,000, and that they are not normally covered by health insurance. Based on the study, the Division of Services to the Deaf and Hard of Hearing, DHHS, recommended: establishing a task force to assess the feasibility of developing and implementing a system to evaluate hearing aid services; requiring all hearing aid dispensers provide a 30-day trial period; and asking the General Assembly to require health insurance providers to cover hearing aids.

With regard to trial periods, the report provided the following:

> "The Federal Trade Commission which monitors the business practices of hearing aid dispensers allows trial period mandates to be determined by each state. In the State of North Carolina, there is not a 30-day trial period mandated. Most dispensers in the state do provide a minimum 30-day trial period as a gesture of good customer service though no law requires them to do so."

While the current economic climate would make required health insurance coverage of hearing aids a challenge for the State and for many employers, the Commission does recognize the importance of hearing aid availability, proper fit, and consumer education. As such the Commission believes that the most feasible option at this time is to direct the Hearing Aid Dealers and Fitters Board to coordinate a task force that will develop recommended guidelines for consumers seeking assistance in the treatment of hearing loss, to make recommendations on the best way to disseminate the guidelines, and to report to the NC Study Commission on Aging. The task force should include representatives from the Division of Services for the Deaf and Hard of Hearing (DHHS), the Consumer Protection Division of the Office of Attorney General, and other interested stakeholders.

Recommendation 4: Review of Nurse Aide Training Requirements

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The Study Commission on Aging recommends the General Assembly direct the Division of Health Service Regulation, Department of Health and Human Services (DHHS), to coordinate a review involving an equal number of representatives from the Division of Aging and Adult Services, DHHS; the NC Board of Nursing; the Direct Care Workers Association; NC Health Care Facilities Association; NC Hospital Association; NC Home and Hospice Care Association; and representatives of residents in long-term care; to assess the current training requirements for nurse aides and to recommend any necessary changes to the Study Commission on Aging on or before November 1, 2010.

Recommendation 4: Review of Nurse Aide Training Requirements

On February 25, 2010, the Commission heard a presentation by the Division of Health Service Regulation on types of aides, current requirements, locations of employment, and other related information. The Division presented the following information: federally defined definition of a nurse aide, the State and federal requirements for Nurse Aide I registry listing, the federally required content for Nurse Aide I Training Programs, information on State approved training programs, federal requirements for competency evaluation, passing rates by test taker groupings, supply and demand for nurse aides, and the typical duties of a nurse aide. According to the Division of Health Service Regulation, the majority of Home Health Aides, Personal and Home Care Aides, are also Nurse Aides. In 2006, there were 72,130 Home Health Aides employed, 21,780 Nurse Aides, and 18,350 Personal and Home Care Aides. Over the next ten years, the demand for aides employed in each of these three categories is anticipated to increase: 30% for Nurse Aides, 39% for Home Health Aides, and 76% for Personal and Home Care Aides.

The Division also reported the following Nurse Aide I employment breakdown by employment setting:

- Home Health/Home Care - 24%
- Private Duty, Military/VA, Schools, Adult Day Care, Rehab, Native American Reservations – 21%
- Nursing Homes – 20%
- Hospital/Hospice/Mental Health – 15%
- Not Employed in Health Care – 10%
- Adult/Family Care Home – 6%
- Clinics – 3%

During the February meeting, the Commission also heard presentations from representatives of the Direct Care Workers Association of NC, NC Board of Nursing, and Friends of Residents in Long-Term Care.

- The Direct Care Workers Association presented information on their Association, collaborative efforts to provide a conference aimed at reducing turnover and increasing job satisfaction, and the benefits of a career lattice approach.
- The NC Board of Nursing presented the following information on the Nurse Aide II: qualifications, task lists, education programs, and employment settings. In addition they presented information on Medication Aide qualifications, tasks, and education programs.
- Representatives from Friends of Residents in Long-Term Care presented information on federal regulations for training programs, information that more than half of the states have training requirements that exceed the federal regulations, and the citations for nurse aide training requirements for all 50 states and the District of Columbia.

The Study Commission on Aging recognizes the importance of nurse aides, the care they provide, and the anticipated labor market shortages. The Commission recommends a review of the current training requirements for nurse aides and requests recommendations on the appropriateness of training requirements. The review should be coordinated by the Division of Health Service Regulation, (DHHS), and should include an equal number of representatives from the Division of Aging and Adult Services, DHHS; the NC Board of Nursing; the Direct Care Workers Association; NC Health Care Facilities Association; NC Hospital Association; NC Home and Hospice Care Association; and representatives of residents in long-term care.

Recommendation 5: Long-Term Care Partnership Program

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The Study Commission on Aging recommends the General Assembly enact legislation to develop a Long-Term Care Partnership (LTCP) program for North Carolina and direct the Division of Medical Assistance, Department of Health and Human Services, to pursue a State Plan amendment allowing the operation of the LTCP program.

Background 5: Long-Term Care Partnership Program

S.L. 2006-66, Sec. 10.10, directed the Department of Health and Human Services (DHHS) to develop a North Carolina Long-Term Care Partnership Program. The program was to be developed in accordance with section 1917(b) of the Social Security Act (42 USC § 1396p(c)), as amended by Public Law 109-171 effective January 1, 2007. The purpose of the program is to reduce future Medicaid costs for long-term care by delaying or eliminating dependence on Medicaid. The goal of the program is to offer incentives to individuals to ensure against the substantial costs of providing for their long-term care needs. DHHS was required to submit a report to the General Assembly.

During the meeting on March 4, 2010, the Commission heard a presentation on a Long-Term Care Partnership (LTCP) program in North Carolina provided by representatives of the Seniors' Health Insurance Information Program (SHIIP), located in the Department of Insurance, and the Division of Medical Assistance, in the Department of Health and Human Services. The presentation explained that a LTCP program allows a special resource disregard and resource protection at Estate Recovery for an individual who: 1) purchases a LTCP policy, 2) utilizes the benefits of the policy, and 3) applies for Medicaid. The amount of resource disregard and the Estate Recovery resource protection is equal to the amount of benefits paid out by the LTCP policy prior to the application for Medicaid. The presentation and the report covered: 1) requirements of long-term care partnership, 2) policy disclosure requirements, 3) agent training, 4) data collection, 5) consumer protection, 6) fiscal impact, and 7) recommendations.

The Department of Insurance and the Department of Health and Human Services requested the Commission recommend establishment of a Long-Term Care Partnership program in North Carolina to the General Assembly. The report and subsequent conversations with the Department of Health and Human Services have indicated no anticipated fiscal impact.

The Study Commission on Aging believes that it is in the best interest of the State and its citizens to encourage personal responsibility and planning for long-term care. As such, the Study Commission on Aging recommends the General Assembly enact legislation to develop a Long-Term Care Partnership program and direct the Division of Medical Assistance, Department of Health and Human Services, to pursue a State Plan amendment allowing the operation of the LTCP program.

Recommendations 6, 7, 8, 9: Special Care Dentistry Issues

Recommendation 6: Include Dentist on the Commission on Children with Special Health Care Needs

The Study Commission on Aging recommends the General Assembly expand the membership of the Commission on Children with Special Health Care Needs to include a dentist.

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The Study Commission on Aging recommends the General Assembly maintain Medicaid funding for dental services and direct the Division of Medical Assistance and the Division of Public Health to: 1) explore the feasibility of expanding Medicaid dental services to include reimbursement for evidenced-based fluoride and periodontal therapies for high risk adults with special health care needs, 2) explore the implementation of facility code policies that would allow certified providers to bill for each patient seen in a long-term care facility or group home on the date of service, and 3) report on or before November 15, 2011 to the Study Commission on Aging.

Recommendation 9: Additional Mobile Dental Units

The Study Commission on Aging recommends the Department of Health and Human Services and the special care mobile dental providers explore private grants and public federal government funding options for the purchase of additional mobile dental units to serve special care populations.

Background 6, 7, 8, 9: Special Care Dentistry Issues

S.L. 2009-100 was a recommendation from the Commission and required the Division of Public Health, DHHS, to collaborate with the Division of Medical Assistance, the Division of Aging and Adult Services, the University of North Carolina at Chapel Hill and the East Carolina University Schools of Dentistry, the North Carolina Dental Society, and current providers of special care dentistry services, to examine current dental care options for special care populations. The collaboration of these groups and the report they prepared was presented to the Commission on March 4, 2010.

The report estimated that NC may be the home of 450,000 individuals requiring special care dentistry services. This number includes individuals with intellectual and/or other developmental disabilities, those with long term needs due to a Traumatic Brain Injury, and older adults living with Alzheimer's disease or other types of dementia. However, the report estimates there are only a small number of dental facilities and practices that employ providers with the skills and abilities to safely serve dental patients with special health care needs. The range of service providers includes: State dental clinics serving primarily patients of psychiatric hospitals, developmental centers, and neuro-medical centers, hospital inpatient services, two non-profit mobile programs, approximately 150 pediatric dentists that may accept Medicaid, a limited number of general dentists that treat patients with special needs, UNC School of Dentistry, and the ECU School of Dentistry which will have a suite dedicated to patients with special needs in the year 2012. Barriers to care are significant and include access to care, financial dependency, inadequate care, limited capacity, limited professional training, limited financial compensation, and no special care dentistry infrastructure to address concerns.

The presentation to the Commission highlighted a number of the recommendations. On March 4th, the presenters were asked to prioritize recommendations for the Commission. These prioritized recommendations are the basis for the special care dentistry recommendations from the Study Commission on Aging to the 2010 Session of the General Assembly.

Recommendation 10: Refining Aging and Long-Term Care Statutes in NC

The Study Commission on Aging recommends the General Assembly update and refine North Carolina's General Statutes on aging and long-term care.

Background 10: Refining Aging and Long-Term Care Statutes in NC

At the Commission's meeting on April 1, 2010, members received suggestions for updating and refining language in the North Carolina Statutes that provides a statement of principles and policy for long-term care and the programs and services for older adults. The information provided by the Department focused on amendments to Chapter 143B, Article 3, Part 14A. Policy Act for the Aging, and Part 14B. Long-term Care. The current statutes are provided below.

Part 14A. Policy Act for the Aging.

§ 143B-181.3. Statement of principles.

To utilize effectively the resources of our State, to provide a better quality of life for our senior citizens, and to assure older adults the right of choosing where and how they want to live, the following principles are hereby endorsed:

(1) Older people should be able to live as normal a life as possible.
(2) Older adults should have a choice of life styles which will allow them to remain contributing members of society for as long as possible.
(3) Preventive and primary health care are necessary to keep older adults active and contributing members of society.
(4) Appropriate training in gerontology and geriatrics should be developed for individuals serving older adults.
(5) Transportation to meet daily needs and to make accessible a broad range of services should be provided so that older persons may realize their full potential.
(6) Services for older adults should be coordinated so that all their needs can be served efficiently and effectively.
(7) Information on all services for older citizens and advocacy for these services should be available in each county.
(8) Increased employment opportunities for older adults should be made available.
(9) Options in housing should be made available.
(10) Planning for programs for older citizens should always be done in consultation with them.
(11) The State should aid older people to help themselves and should encourage families in caring for their older members.

§ 143B-181.4. Responsibility for policy.

Responsibility for developing policy to carry out the purpose of this Part is vested in the Secretary of the Department of Health and Human Services as provided in G.S. 143B-181.1 who may assign responsibility to the Assistant Secretary for Aging. The Assistant Secretary for Aging shall, at the request of the Secretary, be the bridge between the federal and local level and shall review policies that affect the well being of older people with the goal of providing a balance in State programs to meet the social welfare and health needs of the total population. Responsibilities may include:

(1) Serving as chief advocate for older adults;
(2) Developing the State plan which will aid in the coordination of all programs for older people;
(3) Providing information and research to identify gaps in existing services;
(4) Promoting the development and expansion of services;
(5) Evaluation of programs;
(6) Bringing together the public and private sectors to provide services for older people.

Part 14B. Long-Term Care.

§ 143B-181.5. Long-term care policy.

The North Carolina General Assembly finds that the aging of the population and advanced medical technology have resulted in a growing number of persons who require assistance. The primary resource for long-term care provision continues to be the family and friends. However, these traditional caregivers are increasingly employed outside the home. There is growing demand for improvement and expansion of home and community-based long-term care services to support and complement the services provided by these informal caregivers.

The North Carolina General Assembly further finds that the public interest would best be served by a broad array of long-term care services that support persons who need such services in the home or in the community whenever practicable and that promote individual autonomy, dignity, and choice.

The North Carolina General Assembly finds that as other long-term care options become more available, the relative need for institutional care will stabilize or decline relative to the growing aging population. The General Assembly recognizes,

however, that institutional care will continue to be a critical part of the State's long-term care options and that such services should promote individual dignity, autonomy, and a home-like environment.

§ 143B-181.6. Purpose and intent.

It is the North Carolina General Assembly's intent in the State's development and implementation of long-term care policies that:

(1) Long-term care services administered by the Department of Health and Human Services and other State and local agencies shall include a balanced array of health, social, and supportive services that promote individual choice, dignity, and the highest practicable level of independence;

(2) Home and community-based services shall be developed, expanded, or maintained in order to meet the needs of consumers in the least confusing manner and based on the desires of the elderly and their families;

(3) All services shall be responsive and appropriate to individual need and shall be delivered through a seamless system that is flexible and responsive regardless of funding source;

(4) Services shall be available to all elderly who need them but targeted primarily to the most frail, needy elderly;

(5) State and local agencies shall maximize the use of limited resources by establishing a fee system for persons who have the ability to pay;

(6) Institutional care shall be provided in such a manner and in such an environment as to promote maintenance or enhancement of the quality of life of each resident and timely discharge to a less restrictive care setting when appropriate; and

(7) State health planning for institutional bed supply shall take into account increased availability of other home and community-based services options.

The Study Commission on Aging supports efforts to ensure that statutory language supports service and program delivery goals and efforts.

Recommendation 11: Adult Day Care Participant Protection

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The Study Commission on Aging recommends the General Assembly amend North Carolina's General Statutes to strengthen the authority of the Department of Health and Human Services to ensure that unfit individuals are prohibited from operating or working in adult day care programs.

Background 11: Adult Day Care Participant Protection

On April 1, 2010, the Commission received information on the need to strengthen the Department's authority to safeguard adult day care and adult day health care program participants.

G.S. 131D-6 provides for the certification of adult day care programs. G.S. 131D-6(b) defines an adult day care program as the provision of group care and supervision in a place other than their usual place of abode on a less than 24-hour basis to adults who may be physically or mentally disabled. On an annual basis, the Department of Health and Human Services is required to inspect and certify all adult day care programs under the rules adopted by the Social Services Commission.

G.S. 131D-6(b) requires the Social Services Commission to adopt rules to protect the health, safety, and welfare of persons in adult day care programs. The rules are required to include minimum standards relating to management of the programs, staffing requirements, building requirements, fire safety, sanitation, nutrition, and program activities.

- Administrative Rule, 10A NCAC 06R .0305(a)(3), requires a statewide criminal history records search of all newly-hired employees of adult day programs for the past five years conducted by an agency approved by the North Carolina Administrative Office of the Courts.
- Administrative Rule, 10A NCAC 06R .0508(b)(8)(B) requires an adult day care program to keep individual personnel records on all staff members including evidence of a state criminal history check on each employee providing direct care for a minimum of six years.

G.S. 131D-6(c) permits the Secretary to impose a civil penalty not to exceed one hundred dollars($100) for each violation on a person, firm, agency, or corporation who willfully violates any provision of the section or any rule adopted by the Social Services Commission.

The Study Commission on Aging supports thorough background checks and other efforts to ensure the safety of elderly and disabled residents and recommends the General Assembly strengthen the statutes accordingly.